PATENT APPLICATION FEE DETERMINATION RECO								,	Applic	cation	or <u>c</u>	ocket Nu 	
												800 1	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTIT	Υ	OR		R THAN ENTITY
TOTAL CLAIMS			22			·	•	RATE	F	ΕĘ]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE 38	5.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			22 minus 20=		•			XS 9=			OR	X\$18=	34
INDEPENDENT CLAIMS			<u> </u>	าเกบร์ 3 =				X43=		•	OR	X86=	172
M	JLTIPLE DEPE	NDENT CLAIM F	PRESENT	ESENT				+145=			OR	+290=	
• If the difference in column 1 is less than zero, enter "0" in column 2							į	TOTAL		_	OR	TOTAL	978
CLAIMS AS AMENDED - PART II								C1441			•	OTHER	
_		(Column 1)	4-23-0	(Colun		(Column 3)) 7 r	SMALL		ADDI-	OR 1	SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		PREVIO	USLY	PRESENT EXTRA		RATE	TIO	NAL		RATE	ADDI- TIONAL FEE
	Total	. 22	Minus	-2	2	-/		X\$ 9=		_	OR	X\$18=	
	Independent	• 3	Minus	••• <u>(</u>	<u> </u>	= /	Ī	X43=	1.		OR	X86=	7
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	1		OR	+290=	
0000000								TOTA				TOTAL ADDIT, FEE	1/
(Column 1) (Column 2) (Column 3)											•	WUII. PEE	7
AMENDMENT B		CLAIMS REMAINING AFTER AMENOMENT		HIGHE NUMB PREVIOI PAID F	ER USLY	PRESENT EXTRA		RATE	ADI TION FE	IAL		RATE	ADDI- TIONAL FEE
	Total	•	Minus	•		-		X\$ 9=		I	OR	X\$1B≃	
	Independent		Minus	***		-	ı	X43=			OR	X86≃	·
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=			OR	+290=	·
			TOTAL			OR A	TOTAL DDIT. FEE						
		(Column 1)		(Colum	n:2)	(Column 3)	•						
MEN		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBE PREVIOL PAID FO	ER ISLY	PRESENT EXTRA		RATE	ADD TION FEE	AL		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		-	Γ	X\$ 9=		\Box_{ϵ}	DR	X\$18=	
	Independent	•	Minus	***		=	r	X43=		\dashv	DA	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									7		.000	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.													
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **OTAL ADDIT. FEE ADDIT. FEE													
		ber Previously Paid					found	in the ap	propriate	box i	n colur	nn 1.	

FORM PTO-875 (Rev. 10/03)

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